



PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/612,491
Filing Date	July 1, 2003
First Named Inventor	SAADAT, VAHID
Art Unit	3763
Examiner Name	Unassigned
Attorney Docket Number	021496-002112US

**ENCLOSURES** (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard<br>PTO/SB/08A & PTO/SB/08B<br>0 Reference Copies |
|--|---|---|

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Meslin		
Date	July 21, 2005	Reg. No.	29,541

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Typed or printed name	Jennifer O'Brien	Date	July 27, 2005

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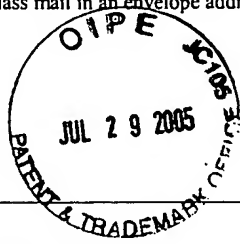
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P.O. Box 1450  
Alexandria, VA 22313-1450

On 7-27-2005

TOWNSEND and TOWNSEND and CREW LLP

By: Jennifer O'Brien

Jennifer O'Brien



**PATENT**  
Attorney Docket No.: 021496-002112US  
Client Reference No.: USGI-001C

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

VAHID SAADAT et al.

Application No.: 10/612,491

Filed: July 1, 2003

For: METHODS FOR REDUCTION OF  
A GASTRIC LUMEN

Examiner: Unassigned

Art Unit: 3763

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

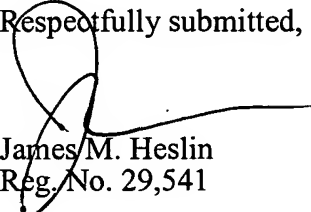
As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

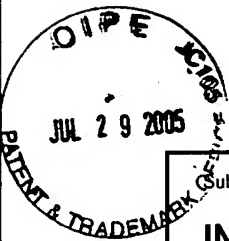
However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



James M. Heslin  
Reg. No. 29,541

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60543453 v1



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)			<b>Complete if Known</b>		
			Application Number	10/612,491	
			Filing Date	July 1, 2003	
			First Named Inventor	SAADAT, VAHID	
			Art Unit	3763	
			Examiner Name	Unassigned	
Sheet	1	of	1	Attorney Docket Number	021496-002112US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear.
		Number Kind Code <sup>2</sup> (if known)			
	1	5,073,166	12-17-1991	Parks et al.	
	2	5,814,064	09-29-1998	Daniel et al.	
	3	6,056,770	05-02-2000	Epstein et al.	
	4	6,238,412 B1	05-29-2001	Dubrul et al.	
	5	6,306,163 B1	10-23-2001	Fitz	
	6	6,391,044 B1	05-21-2002	Yadav et al.	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
								<input type="checkbox"/>
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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature		Date Considered	
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.